

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Samra et al.

Serial No.: 09/474,631

Filed: December 29, 1999

For: METHODS AND SYSTEMS
FOR ANALYZING
HISTORICAL TRENDS IN
MARKETING CAMPAIGNS



Art Unit: 3623

Examiner: Eric T. Shaffer

AMENDMENT AFTER FINAL

Hon. Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Applicants respectfully request consideration and entry of the following amendment submitted in response to the Office Action dated February 24, 2004 and made final.

04/28/2004 AWONDAF1 00000044 012384 09474631

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04-27-04

AF 3623
17207-00006
PATENT



Express Mail Label No.: EV299863866US

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: Art Unit: 3623
Serial No.: 09/474,631 :
: Examiner: Eric T. Shaffer
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Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

TRANSMITTAL

1. Transmitted herewith is:
Transmittal (3 pgs., in duplicate); Amendment in Response to Office Action dated February 24, 2004 (23 pgs.); Return post card

STATUS

2. Applicant
☐ claims small entity status.
☒ is other than a small entity.

CERTIFICATE OF MAILING BY EXPRESS MAIL TO
THE COMMISSIONER FOR PATENTS

Express Mail No. EV299863866US
Date: April 26, 2004

I hereby certify that the documents listed above are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. §1.10 on the date indicated above in an envelope addressed to Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Daniel M. Fitzgerald, Reg. No. 38,880

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.

(complete (a) or (b), as applicable)

- (a) ☐ Applicant petitions for an extension of time under 37 C.F.R. 1.136
(Fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)

| Extension for response within: | Other than small entity Fee | Small entity Fee (if applicable) |
|---------------------------------------|--------------------------------|-------------------------------------|
| <input type="checkbox"/> first month | \$ 110.00 | \$ 55.00 |
| <input type="checkbox"/> second month | \$ 420.00 | \$ 210.00 |
| <input type="checkbox"/> third month | \$ 950.00 | \$ 475.00 |
| <input type="checkbox"/> fourth month | \$1,480.00 | \$ 740.00 |
| <input type="checkbox"/> fifth month | \$2,010.00 | \$ 1,005.00 |

Fee Due \$ _____

If an additional extension of time is required, please consider this a petition therefor.

(Check and complete the next item, if applicable)

- ☐ An extension of _____ months has already been secured. The fee paid therefor \$_____ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$

OR

- (b) ☒ Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

| | (Col. 1) | | (Col. 2) | (Col. 3) | SMALL ENTITY | | OTHER THAN SMALL ENTITY |
|---|---|-------|---------------------------------------|------------------|----------------------------|----|---------------------------------|
| | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NO. PREVIOUSLY PAID FOR | PRESENT EXTRA | ADDITIONAL RATE FEE | OR | ADDITIONAL RATE FEE |
| TOTAL | 22 | MINUS | 20 | = 2 | x \$9 = \$ | | x \$18 = \$36.00 |
| INDEP. | 3 | MINUS | 3 | = 0 | x \$42 = \$ | | x \$84 = \$ |
| — FIRST PRESENTATION OF MULTIPLE DEP. CLAIM | | | | | + \$140 = \$ | | + \$280 = \$ |
| | | | | | TOTAL ADDITIONAL FEE \$ | OR | TOTAL ADDITIONAL FEE \$36.00 |

- (a) ☐ No additional fee for Claims is required

OR

- (b) ☒ Total additional fee for claims required \$36.00

FEE PAYMENT

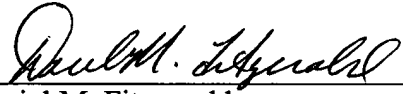
5. Attached is a check in the sum of \$
☒ Charge Deposit Account No. 01-2384 the sum of \$36.00.
A duplicate of this transmittal is attached.

FEE DEFICIENCY

6. ☒ If any additional extension and/or fee is required, charge Deposit Account No. 01-2384.

AND/OR

- ☒ If any additional fee for claims is required, charge Deposit Account No. 01-2384.
7. ☐ Other:



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